Rec'd PCT/PTO 17 NOV 2005

PTO/SB/81 (09-04)
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number Filing Date POWER OF ATTORNEY** First Named Inventor WOOLFE, Austen John and Title Pharmaceutical Composition **CORRESPONDENCE ADDRESS Art Unit** INDICATION FORM **Examiner Name Attorney Docket Number** 00303/US I hereby appoint: Practitioners associated with the Customer Number: OR Practitioner(s) named below: Registration Number Name 39,459 HAY, Martin Alexander 43,160 STEINBERG, Michael 36,761 **BROWDER**, Monte as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: OR / 024330 The address associated with Customer Number: OR Firm or HAY, Martin Alexander Individual Name Address Martin A. Hay & Co., 13 Queen Victoria Street SK11 6LP State Zip City Cheshire Macclesfield Country UNITED KINGDOM Telephone Fax +44-1625-500058 +44-1625-500057 l<u>am</u>the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Date Name Telephone Austen John WOOLFE Title and Company NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. 1 *Total of 4 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	WOOLFE, Austen John
Title	Pharmaceutical Composition
Art Unit	
Examiner Name	
Attorney Docket Number	00303/US

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	STEINBERG,	Michael				43,	,160	
	BROWDER, M	lonte				36,	,761	
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Ci	ity		Macclesfield		State	Cheshire		Zip SK11 6LP
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First Named Inventor	WOOLFE, Austen John
Title	Pharmaceutical Composition
Art Unit	~ ***
Examiner Name	
Attorney Docket Number	00303/US

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STEINBERG	Michael				43	3,160		•			
BROWDER,	Monte				36	5,761	·				
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Firm or Individual Nan	ne	HAY, Martin Alexander									
Address		Martin A. Hay & Co., 13 Quee	n Victoria Stree	t		<u> </u>					
City		Macclesfield		State	Cheshire	Ziţ	P SK11 6LP				
Country		UNITED KINGDOM									
Telephone		+44-1625-500057		Fax	+44-1625-50005	58					
Assignee of		the entire interest. See 37 CFR	3.71.								
		FR 3.73(b) is enclosed. (Form									
SIGNATURE of Applicant or Assignee of Record											
Signature	nature Date										
Name	Jacqueli	ne Yvonne ALLEN			٦	elephone					
Title and Company											
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First Named Inventor	WOOLFE, Austen John	
Title	Pharmaceutical Composition	
Art Unit		
Examiner Name		
Attorney Docket Number	00303/US	

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STEINBERG, Michael		43,160				
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as my/our attorney(s) or agent(s) to prosecute the ap	plication identified above, and to transa	ct all business in the United States Patent and	t			
Trademark Office connected therewith.	· · · · · · · · · · · · · · · · · · ·					
Please recognize or change the correspondence add	lress for the above-identified application	to:				
The address associated with the above-men	ntioned Customer Number:					
OR						
The address associated with Customer Nur	mber: 024330	024330				
Firm or HAY, Martin Alexand	ег					
Address Martin A. Hay & Co.,	13 Queen Victoria Street					
City Macclesfield	State Ches	nire Zip SK11 6LP				
Country UNITED KINGDOM						
Telephone +44-1625-500057	Fax +44-	625-500058				
Applicant/Inventor. Assignee of record of the entire interest. See Statement under 37 CFR 3.73(b) is enclosed.						
SIGNAT	TURE of Applicant or Assignee of Re	cord				
Signature		Date				
Name Mark Clifford ELLIOTT		Telephone				
Title and Company						
NOTE: Signatures of all the inventors or assignees of record signature is required, see below*.	of the entire interest or their representative(s)	are required. Submit multiple forms if more than one	е			
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as my	our attorney(s)	or agent	(s) to prosecute the application	identified above	e. and to	transact all busi	ness in the	United States Patent and
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	Address		Martin A. Hay & Co., 13 Queer	n Victoria Stree	et			
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{	Country		UNITED KINGDOM		<u> </u>			
•	Telephone		+44-1625-500057		Fax	+44-1625-5000)58	·
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Firm or Individual Name	HAY, M	artin Alexander					
Address	Martin A	. Hay & Co., 13 Queei	n Victoria Street	t			
City	Maccles	:field		State	Cheshire	Zip SK11 6LP	
Country		KINGDOM					
Telephone	+44-162	5-500057		Fax	+44-1625-500	058	
Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
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Title	Pharmaceutical Composition	75
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С	ountry		UNITED KINGDOM						
T	elephone	· •••	+44-1625-500057		Fax	+44-1625-5000	58		
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			SIGNATURE of	Applicant or A	ssignee	of Record			
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POWER OF ATTORNEY

(for an international application filed under the Patent Cooperation Treaty)

(PCT Rule 90.4)

The undersigned applicant(s) (Names should be indicated as they appear in the request):
WOOLFE, Austen John 31 Emberson Way North Weald Essex. CM16 6DL United Kingdom
hereby appoints (appoint) the following person as: agent X common representative
Name and address (Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country.)
Norton Healthcare Limited Ivax Quays Albert Basin Royal Docks LONDON E16 2QT United Kingdom
to represent the undersigned before X all the competent International Authorities
the International Searching Authority only
The International Preliminary Examining Authority only
in connection with the international application identified below:
Title of the invention: Pharmaceutical Composition
Applicant's or agent's file reference: 00303/WO
International application number (if already available): PCT/GB2003/002669
And to make or receive payments on behalf of the undersigned. Signature of the applicant(s) (where there are several applicants, each of them must sign; next to each signature, indicate the name of the person signing and the capacity in which the person signs, if such capacity is not obvious from reading the request or this power):
Date 29/8/03 Austen John WOOLFE

POWER OF ATTORNEY

(for an international application filed under the Patent Cooperation Treaty)

(PCT Rule 90.4)

The undersigned applicant(s) (Names should be indicated as they appear in the request):
LANGFORD, Alan 33a Briscoe Road Hoddeston Hertfordshire EN11 9DG United Kingdom
Hereby appoints (appoint) the following person as: agent X common representative
Name and address (Family name followed by given name: for a legal entity, full official designation. The address must include postal code and name of country.)
Norton Healthcare Limited Ivax Quays Albert Basin Royal Docks LONDON E16 2QT United Kingdom
to represent the undersigned before X all the competent International Authorities
the International Searching Authority only
The International Preliminary Examining Authority only
in connection with the international application identified below:
Title of the invention: Pharmaceutical Composition
Applicant's or agent's file reference: 00303/WO
International application number (if already available): PCT/GB2003/002669
Filed with the following office UNITED KINGDOM And to make or receive payments on behalf of the undersigned.
Signature of the applicant(s) (where there are several applicants, each of them must sign; next to each signature, indicate the name of the person signing and the capacity in which the person signs, if such capacity is not obvious from reading the request or this power):
Date 02 Saptayber 2003.

POWER OF ATTORNEY

(for an international application filed under the Patent Cooperation Treaty)

(PCT Rule 90.4)

The undersigned applicant(s) (Names should be indicated	as they appear in the reques	t):
ALLEN, Jacqueline Yvonne 13 Peartree Avenue Earlsfield LONDON SW17 0JG United Kingdom		
Hereby appoints (appoint) the following person as:	agent	X common representative
Name and address (Family name followed by given name: for a legal entity, full of	official designation. The addre	ess must include postal code and name of country.)
Norton Healthcare Limited Ivax Quays Albert Basin Royal Docks LONDON E16 2QT United Kingdom		
to represent the undersigned before	X all the competent Int	ernational Authorities
		rching Authority only
	The International Pro	eliminary Examining Authority only
in connection with the international application identified b	pelow:	
Title of the invention: Pharmaceutical	Composition	
Applicant's or agent's file reference: 0030	3/WO	
International application number (if already a	vailable): PCT/GB20	03/002669
Filed with the following office And to make or receive payments on behalf of the undersignments of the applicants of the applicants of the applicants.		
the capacity in which the person sig	gns, if such capacity is not obvious j	ron reading the request or this power):
Jacque 29/08/03	deline Yvonne Allen	

POWER OF ATTORNEY

(for an international application filed under the Patent Cooperation Treaty)

(PCT Rule 90.4)

The undersigned applicant(s) (Names should be indicated as they appear in the request):
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to represent the undersigned before.
the International Searching Authority only
The International Preliminary Examining Authority only
in connection with the international application identified below:
Title of the invention: Pharmaceutical Composition
Applicant's or agent's file reference: 00303/WO
International application number (if already available): PCT/GB2003/002669
filed with the following office UNITED KINGDOM and to make or receive payments on behalf of the undersigned.
Signature of the applicaut(s) (where there are several applicants, each of them must sign; next to each signature, indicate the name of the person signing und the capacity in which the person signs, if such capacity is not obvious from reading the request or this power):
Date 29th Aug 2003 (Name) Mark Clifford ELLIOTT

Form PCT/Model of power of attorney (for a given international application) (July 1992)